

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 12-DEC-2012	TIME 08:19:00	2. ADDRESS OF OCCURRENCE 45 1/2 W 111TH ST CHICAGO, IL 60628	3. LOCATION CODE 233	4. BEAT/OCCUR. 0522			
	5. POSITION 9161	6. LAST NAME HOOD	7. FIRST NAME BRIAN	8. STAR NO. 10598	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE 506	12. HT. 145
SUBJECT INFORMATION <input type="checkbox"/> DNA	14. DATE OF APPT. 07-JUL-1997	15. EMPLOYEE NO. 005	16. UNIT & BEAT OF ASSIGNMENT 0532	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	20. LAST NAME COLEMAN	21. FIRST NAME PHILLIP	22. M.I. 	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 	26. HT. 	27. WT.
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS 	29. TELEPHONE NO. 	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), MOUTH (SPIT,BITE,ETC), FEET. <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? 	34. BY WHOM? 	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED 	37. CB NO. 01855729	IR NO. 	DNA 	
SUBJECTS ACTIONS <input type="checkbox"/> DNA	PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____	ASSAILANT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ASSAILANT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____	ASSAILANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
	MEMBERS RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____			
39. <input type="checkbox"/> DNA	40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) 		40. ADDITIONAL INFORMATION					
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	POSITION 	STAR NO. 	UNIT 					
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR				
49. TASER DART ID NO. C31013N4	50. WEAPON SERIAL NO. (Include Letters) X00-062-358	51. CHICAGO GUN REG. NO. 	52. IL FIREARM OWNER ID. NO. 	53. HANDGUN CERTIFICATE NO. 				
54. SPECIAL WEAPON CERTIFICATE NO. 	55. PROPERTY INVENTORY NO. 	56. TYPE OF AMMUNITION USED 	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 				
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	70. EVENT NO. 1234702558	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) 	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) 							
72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	71. R.D. NO. HIV000490							
SIGNATURES 73. REPORTING MEMBER (Print Name) HOOD, BRIAN 13-DEC-2012 22:14:20	STAR/EMPLOYEE NO. 10598	SIGNATURE 	74. REVIEWING SUPERVISOR (Print Name) CASEY, MICHAEL F STAR NO. 191 SIGNATURE 					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								
74. REVIEWING SUPERVISOR (Print Name) CASEY, MICHAEL F STAR NO. 191 SIGNATURE 								
DATE REVIEWED 13-DEC-2012 22:15:52 TIME LOG# 1058981								

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject was intubated at Roseland Hospital

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information provided to me at this time I have concluded that the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 158981 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CASEY, MICHAEL F

SIGNATURE

DATE COMPLETED

TIME

13-DEC-2012 22:20:00

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

SUPPLEMENTARY REPORT

I.O.D. REPORT

80. TOTAL TRR'S THIS EVENT NO.

CASE REPORT

OFFICER BATTERY REPORT

CR INITIATION REPORT

ARREST REPORT

TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

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